

# WELCOME

Thank you for visiting the webpage for the Physician-Focused Payment Model Technical Advisory Committee (PTAC). Here you will find information on the background of the Committee and its members, information on how to submit a proposal to PTAC, how PTAC will review and evaluate proposals, and information for upcoming and past public meetings.

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) creates new ways for the Medicare program at the Centers for Medicare & Medicaid Services (CMS) to pay physicians for the care they provide to Medicare beneficiaries. MACRA also creates incentives for physicians to participate in Alternative Payment Models (APMs), including the development of physician-focused payment models (PFPMs).

Section 101 (e)(1) of MACRA creates the Physician-Focused Payment Model Technical Advisory Committee (PTAC) to make comments and recommendations to the Secretary of the Department of Health and Human Services (the Secretary, HHS) on proposals for PFPMs submitted by individuals and stakeholder entities. The Secretary is required by MACRA to establish criteria for PFPMs and to respond to the recommendations of PTAC. Ten criteria were outlined in the MACRA [final rule](#) with comment period that was made public on October 14, 2016 and published in the *Federal Register* on November 4, 2016. PTAC intends to evaluate the extent to which proposed models meet the Secretary's criteria and to make recommendations regarding proposed models including limited-scale testing, implementation, implementation with a high priority, or not recommend.

## **Physician-Focused Payment Model Technical Advisory Committee (PTAC)**

The composition of PTAC is prescribed by MACRA. PTAC's 11 members are individuals with national recognition for their expertise in PFPMs and related delivery of care. Committee members are appointed by the Comptroller General of the United States and will generally serve three-year terms. PTAC's members include both physicians and non-physicians. A list of current PTAC members and their areas of expertise can be found [here](#).

## **Committee Staff**

As directed by MACRA, HHS's Office of the Assistant Secretary for Planning and Evaluation (ASPE) provides operational and technical support to PTAC, and the Office of the Actuary provides actuarial assistance as needed.

## **PTAC's PFPM Review Process**

PTAC will evaluate stakeholder-submitted PFPMs against the criteria established by the Secretary. PTAC began accepting letters of intent (LOIs) from stakeholders on October 1, 2016 and began accepting

proposals for physician-focused payment models on December 1, 2016. A non-binding LOI must be submitted to PTAC at least 30 days prior to the submission of a full proposal. The Committee will discuss proposals, deliberate, and make recommendations in public meetings.

Stakeholders may submit proposals at any time after December 1, 2016 and submissions will be accepted on an ongoing basis. In general, proposals should be submitted at least 16 weeks in advance of a PTAC public meeting in order for the Committee to complete all of the steps necessary to formally consider the proposal at that meeting. PTAC will review and act on proposals as quickly as possible, but the time necessary to evaluate a proposal will be affected by the volume of proposals received and the completeness of those proposals. PTAC intends to hold public quarterly meetings. Advance notice of all public meetings will be published in the *Federal Register* and additional announcements about public meetings will be made through the [PTAC listserv](#) and through the @PFPMTAC Twitter account. The frequency of meetings may be modified to ensure proposals are considered in an efficient and timely manner.

PTAC finalized its [Request for Proposals](#) on November 9, 2016. PTAC's proposal evaluation process is available [here](#). PTAC welcomes multi-stakeholder input and invites public comment on all of its processes. Interested parties can find out about PTAC's work at its website and receive notification about PTAC's processes by subscribing to the [PTAC listserv](#).

## **Definition and Criteria for PFPMs**

### *Definition of a PFPM*

The MACRA [final rule](#) with comment period (at 42 CFR §414.1465) published in the *Federal Register* on November 4, 2016 defines a PFPM as an APM in which:

- Medicare is a payer,
- Eligible clinicians that are eligible professionals (EPs) as defined in section 1848(k)(3)(B) of the Social Security Act (SSA) are participants and play a core role in implementing the APM's payment methodology, and
- Targets are the quality and costs of services that EPs participating in the APM provide, order, or can significantly influence.

### *Criteria*

Ten criteria were outlined in the MACRA [final rule](#).

- *Value over volume*: Provide incentives to practitioners to deliver high-quality health care.
- *Flexibility*: Provide the flexibility needed for practitioners to deliver high quality health care.

- *Quality and Cost:* PFPMs are anticipated to improve health care quality at no additional cost, maintain health care quality while decreasing cost, or both improve health care quality and decrease cost.
- *Payment methodology:* Pay APM Entities with a payment methodology designed to achieve the goals of the PFPM criteria. Addresses in detail through this methodology how Medicare and other payers, if applicable, pay APM Entities, how the payment methodology differs from current payment methodologies, and why the Physician-Focused Payment Model cannot be tested under current payment methodologies.
- *Scope:* Aim to either directly address an issue in payment policy that broadens and expands the CMS APM portfolio or include APM Entities whose opportunities to participate in APMs have been limited.
- *Ability to be evaluated:* Have evaluable goals for quality of care, cost, and any other goals of the PFPM.
- *Integration and Care Coordination:* Encourage greater integration and care coordination among practitioners and across settings where multiple practitioners or settings are relevant to delivering care to the population treated under the PFPM.
- *Patient Choice:* Encourage greater attention to the health of the population served while also supporting the unique needs and preferences of individual patients.
- *Patient Safety:* Aim to maintain or improve standards of patient safety.
- *Health Information Technology:* Encourage use of health information technology to inform care.

For further information, please contact [PTAC@hhs.gov](mailto:PTAC@hhs.gov).

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